

**Office Use Only**

Registration Paid: \_\_\_\_\_

First week tuition Paid: \_\_\_\_\_

Start Date: \_\_\_\_\_

Promotion: \_\_\_\_\_



**Registration Form**  
(August 2017)

FT	PT2	PT3
Eden	Oz	
Neverland	Camelot	
Atlantis	Narnia	
Kidventure Summer Camp		

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ (City/St/Zip) \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Mother/Guardian \_\_\_\_\_ (SL# \_\_\_\_\_) Father/Guardian \_\_\_\_\_ (SL# \_\_\_\_\_)

Address \_\_\_\_\_ Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Bus. Phone \_\_\_\_\_ Fax \_\_\_\_\_ Bus. Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

Employer \_\_\_\_\_ Employer \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

**Emergency contact that is permitted to pick up your child if the parent or guardian cannot be contacted in an emergency**

Name	Address	City/St/Zip	Phone	Relationship
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**Additional contacts permitted to pick up your child (other than parents)**

Name	Address	City/St/Zip	Phone	Relationship
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Name	Address	City/St/Zip	Phone	Relationship
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**Emergency Medical Care**

Doctor	Address	City/St/Zip	Phone
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Hospital	Address	City/St/Zip	Phone
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I hereby authorize Country Kids Academy to take my child to the above-named physician or facility for medical treatment in the event of an emergency in which neither parent can be reached. \_\_\_\_\_ (Initials)

I hereby authorize any licensed physician or medical treatment center to treat my child in case of an emergency in which the above-named physician cannot respond. \_\_\_\_\_ (Initials)

I give my permission for photographs (Yes) \_\_\_\_\_ (No) \_\_\_\_\_ (Initials) \_\_\_\_\_ for videos (Yes) \_\_\_\_\_ (No) \_\_\_\_\_ (Initials) \_\_\_\_\_ of my child to be displayed by CKA on the internet. Please note that with your permission to do so it will be valid for future years until such time you notify CKA in writing to remove permission. We reserve the right to use all photos for in house use only even if you have not given permission for internet use.

I hereby authorize Country Kids Academy to apply sunscreen on my child \_\_\_\_\_ (Initials) and/or insect repellent \_\_\_\_\_ (Initials) I provide when necessary.

**Weekly tuition is due on the first day of scheduled attendance.** \_\_\_\_\_ (Initials)

I hereby authorize Country Kids Academy to include my child in the following supervised water activities: Sprinkler play - Splashing - Wading pools - Water table play - All \_\_\_\_\_ (Circle the permitted activities) \_\_\_\_\_ (Initials)

I will not hold CKA responsible for nutritional value or for meeting my child's daily nutritional requirements if I choose to substitute snacks or meals for my child. \_\_\_\_\_ (Initials)

**Father/Guardian's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Mother/Guardian's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Referred by: \_\_\_\_\_